

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number

10598281

Filing Date

Applicant(s): Dana Benesh

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	1		—	---	—	---			51			
2		1	—	---	—	---			52			
3		1		(1)	—	---			53			
4		1		(1)	—	---			54			
5		1		(1)	—	---			55			
6		1		(1)	—	---			56			
7		1	—	---	—	---			57			
8		1	—	---	—	---			58			
9		1		(1)	—	---			59			
10		1		(1)	—	---			60			
11		1		(1)	—	---			61			
12		1		(1)	—	---			62			
13		1	—	---	—	---			63			
14		1	—	---	—	---			64			
15		2	—	---	—	---			65			
16		2	—	---	—	---			66			
17	1		1		1				67			
18		2	—	---	—	---			68			
19		2	—	---	—	---			69			
20		2	—	---	—	---			70			
21		2	—	---	—	---			71			
22		2	—	---	—	---			72			
23		2	—	---	—	---			73			
24		1		—	---	—			74			
25		1		—	---	—			75			
26			1	—	---	—			76			
27			1	—	---	—			77			
28				—	---	—			78			
29				—	---	—			79			
30				—	---	—			80			
31				—	---	—			81			
32				—	---	—			82			
33				—	---	—			83			
34				—	---	—			84			
35				—	---	—			85			
36				—	---	—			86			
37				—	---	—			87			
38				—	---	—			88			
39				—	---	—			89			
40				—	---	—			90			
41				—	---	—			91			
42				—	---	—			92			
43				—	---	—			93			
44				—	---	—			94			
45				—	---	—			95			
46				—	---	—			96			
47				—	---	—			97			
48				—	---	—			98			
49				—	---	—			99			
50				—	---	—			100			
Total Indep:	2			3		1						
Total Depend:	29	←		10	←	1	←					
Total Claims:	31	██████		13	██████	2	██████					